



Prostate Artery Embolization

*For the treatment of
enlarged prostate (BPH)*

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A less invasive, highly effective treatment for BPH

Benign Prostatic Hyperplasia (BPH)—also known as an enlarged prostate gland—is common as men age. It is a non-cancerous condition that affects half of all men between 51 and 60 years of age and up to 90% of men older than 80. An estimated 14 million men in the U.S. have symptoms of BPH, such as a frequent or urgent need to urinate and an increased need to urinate at night. BPH is also linked to erectile dysfunction and reduced sex drive.

The prostate gland is located right beneath your bladder. As it grows, it pushes against the urethra and can block urine flow. Most men with BPH are unhappy with the condition and do not wish to live the rest of their lives with its symptoms, which typically include:

- A frequent or urgent need to urinate (especially at night)
- A weak urine stream
- Difficulty beginning urination or dribbling at the end
- Inability to completely empty the bladder

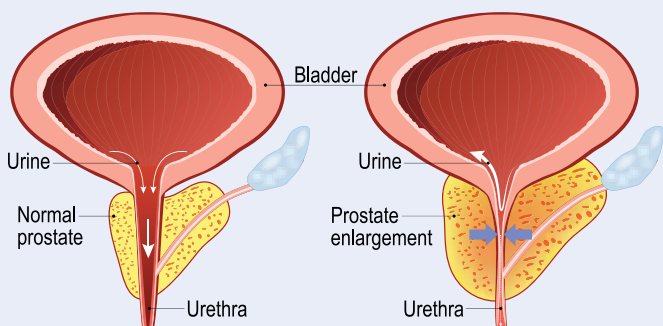
Left untreated, BPH can lead to urinary tract infections (UTIs), bladder damage, bladder stones, kidney damage (or chronic renal failure) and urinary retention (the inability to urinate).



What happens as the prostate gland enlarges?

The prostate is a gland that is normally the size of a walnut. With BPH, it can grow as large as a tennis ball. The enlarging prostate can put pressure on the urethra, which carries urine out of the body. This can restrict the flow of urine or, in extreme cases, cut it off completely.

Benign Prostatic Hyperplasia



Left untreated, **BPH CAN LEAD TO COMPLICATIONS**

including infection, renal failure and urinary, bladder or kidney stones¹



References

1. Barry M, Roehrborn C. Management of benign prostatic hyperplasia. *Annu Rev Med.* 1997;48:77-189
2. BPH: surgical management. Urology Care Foundation website. www.urologyhealth.org External link. Updated July 2013. Accessed July 29, 2014.
3. *Cardiovasc Intervent Radiol.* 2017 Nov;40(11):1694-1697. doi: 10.1007/s00270-017-1700-7. Epub 2017 May 30. Cost Analysis of Prostate Artery Embolization (PAE) and Transurethral Resection of the Prostate (TURP) in the Treatment of Benign Prostatic Hyperplasia. Bagla S1,2, Smirniotopoulos J3, Orlando J4, Piechowiak R4.

Treatment Options

Men with mild BPH symptoms can be effectively treated with lifestyle changes, supplements and/or medication. Your doctor may also ask you to avoid taking certain medications like decongestants or certain antihistamines that can affect your prostate.

Severe BPH symptoms may be treated with transurethral resection of the prostate (TURP), a surgical procedure that requires anesthesia. Unfortunately, side effects are common with TURP procedures and include infection, sexual dysfunction and retrograde ejaculation.

Cleared by the FDA in 2018, prostate artery embolization (PAE) is a less invasive treatment option for men with severe BPH symptoms. This convenient outpatient procedure may alleviate BPH symptoms for most men without the need for surgery.

The PAE Procedure

PAE is performed by an interventional radiologist who, using imaging guidance, inserts a tiny catheter into an artery in the patient's upper thigh or wrist, and then guides it through the body's blood vessels to the arteries supplying blood to the prostate. Tiny beads called 'microspheres' are released through the catheter and into the arteries, blocking blood flow to the prostate. With reduced blood flow, the prostate shrinks and symptoms are relieved.

Unlike TURP, PAE is an outpatient procedure that requires no anesthesia. It has a high success rate (75-95%), a faster recovery, fewer complications and a lower risk of sexual side effects.

It affects **50% OF ALL MEN**

51-60 YEARS OLD 

and **90% OF MEN**

OLDER THAN 80² 

A new and less invasive alternative for treating BPH

- High success rate (75-95%)
- No hospitalization required
- No anesthesia needed
- Shorter recovery
- Minimal Pain
- Few reported side effects
- Approximately 1/3 the cost of surgery³



Who is a good candidate for PAE?

PAE is recommended for patients who:

- Have failed medical therapy
- Have an enlarged gland (>50g)
- Do not wish to have surgery
- Have refractory hematuria
- Have chronic kidney disease due to an enlarged prostate



Complications of PAE

PAE should only be performed by a trained and experienced interventional radiologist. Complications with this procedure are rare, and can include infection at the catheter insertion site, nausea, vomiting, fever, pelvic pain, and frequent or painful urination.



Talk to Your Doctor about PAE

PAE is a safe and less invasive option to treat BPH. If you have been diagnosed with BPH or enlarged prostate, talk with your doctor and share this brochure with them. If you have questions, call us! We are happy to help provide the information that you need to make an informed decision with your doctor.



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MINIMALLY INVASIVE VASCULAR AND
INTERVENTIONAL RADIOLOGY SPECIALISTS



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Interventional radiology (IR) represents an exciting new frontier in disease and pain treatment. Today's IR therapies are more precise, less invasive and more effective than ever... giving you and your doctor additional options to treat disease and restore you to optimal health.

At PrecisionIR, we use the body's vascular system—along with state-of-the-art imaging guidance—to reach the source of the problem and deliver precisely targeted therapy. Unlike other IR practices in the region, PrecisionIR maintains its own office-based lab, enabling us to perform the full range of vascular and interventional services in a non-hospital environment. Benefits include:

- A more comfortable, non-hospital environment
- Fast/flexible scheduling
- Lower risk of infection
- Lower cost for procedures
- Less waiting, easy access
- Free valet parking & onsite cafe



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